MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER QUALITY PARAMETER ANALYSIS

PWSID #: PWS NAME: SAMPLE COLLECTION DATE:							
PWS ADD	RESS:	<u> </u>	CITY/TOWN:				
# OF SAMPLES REQUIRED:			# OF TAP SAMPLES SUBMITTED:				
# OF ENTRY POINT SAMPLES REQUIRED:			# OF ENTRY POINT SAMPLES SUBMITTED:				
FIELD MEASUREMENTS			PARAMETER				
pН	TEMP(F)	SAMPLE SITE ADDRESS/LOCATION	ALKALINITY	CONDUCTIVITY	CALCIUM	ORTHOPHOSPHATE**	SILICA**
* CONDUCTIVITY EXPRESSED IN MICROMHOS/CM, ALL OTHER PARAMETERS EXPRESSED IN mg/I ** WHEN AN INHIBITOR CONTAINING A PHPOSPHATE OR SILICATE COMPOUND IS USED							
I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate, and complete to the best of my knowledge and belief.							
Signature of authorized public water system party:Date:							
Name o	f authorized	l party (PRINT): Title:					
Telephone #: Mobile/cell #: Fax #: Email Address:							
PLEASE SUBMIT THIS FORM TO THE DEP REGIONAL OFFICE WITHIN TEN DAYS AFTER THE END TO THE SAMPLING PERIOD							
This form is available at the DEP website at www.state.ma.us/dep/brp/dws/dwsforms.htm under Water Quality Monitoring.							
For DEP/DWP use: Approved Disapproved Comments:							

Lcrwqp/2-4-05

Staff Signature: